

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>WJ</i>		
O.I.P.E. CLASSIFIER	<i>WJ</i>		
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>WJ</i>	<i>55222</i>	<i>3-29-00</i>

Best Available Copy

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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